

## CITY OF TEMPE ADOPT-THE-LAKE VOLUNTEER (INDIVIDUAL – FAMILY)



Name:							
Address:							
City:		State:			Zip:		
Phone: ( )	Mobile:	( )			Fax:	(	)
Email:							
Volunteer Information							
Age:							
Days Available:							
Interest:							
☐ Trail maintenance ☐ Park maintenance ☐ Trash/litter abatement							
Please list any special skills that you can provide:							
Describe any special needs you have in order to participate:							
How often would you like to participate?							
Tiew often would you like to participate.							
Why I want to be a volunteer for the City of Tempe:							
Mail to:						to:	
City of Temp Community Devel					(480) 8	08-219	4
Rio Salado Division/Ado	opt-The-La	ake				tions:	_
P.O. Box 500 Tempe, AZ 85					(480) 8	58-218	8
1011170,712 00							